

12-11-07

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PTO/SB/21 (12-07)  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/822,257	
	Filing Date	APRIL 10, 2004	
	First Named Inventor	ROBIN S. GRAY	
	Art Unit	1761	
	Examiner Name	KELLY MAHAFKEY	
Total Number of Pages in This Submission	5	Attorney Docket Number	

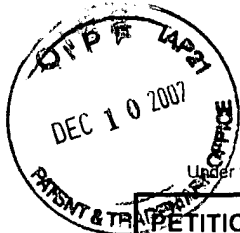
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	ROBIN S. GRAY		
Signature	Robin S. Gray		
Printed name	ROBIN S. GRAY		
Date	12/10/2007	Reg. No.	48,093

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	Robin S. Gray		
Typed or printed name	ROBIN S. GRAY	Date	12/10/2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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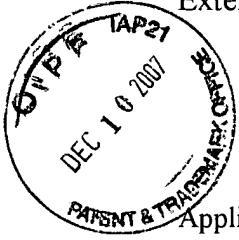


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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional)
Application Number <u>10/822,257</u>	Filed <u>APRIL 10, 2004</u>	
For <u>FOOD CONDIMENT, COMPOSITION, METHOD OF MOJONG, AND METHOD OF USING</u>		
Art Unit <u>1761</u>	Examiner <u>KELLY MAHAFFEY</u>	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 \$ <u>60</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230 \$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525 \$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$820 \$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2230	\$1115 \$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. I have enclosed a duplicate copy of this sheet.		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>		
I am the <input checked="" type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,093</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
<u>Kelvin S. Gray</u> Signature		<u>12/10/2007</u> Date
<u>ROBIN S. GRAY</u> Typed or printed name		<u>(410) 418-4754</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Extension of Time Request

Application Serial Number: 10/822,257

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robin S. Gray

Group Art Unit: 1761

Serial Number: 10/822,257

Preliminary Classification: 426

Filing Date: April 10, 2004

Examiner: Kelly Mahafkey

Title: FOOD CONDIMENT, COMPOSITION,  
METHOD OF MOLDING, AND  
METHOD OF USING

Date: December 10, 2007

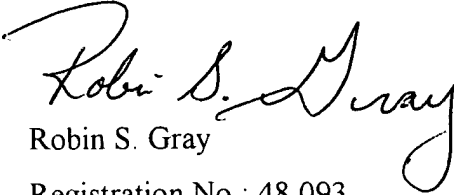
REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Honorable Commissioner for Patents  
Washington, D.C. 20231

S I R:

For the above identified application, Applicant respectfully requests a one month extension of time under 37 CFR 1.136(a). A request and corresponding extension fee is enclosed herewith.

Respectfully submitted,

  
Robin S. Gray

Registration No.: 48,093

I hereby certify that this correspondence is being deposited with the United States Postal Service as Post Office To Addressee with Express mail label Number: EQ 651412355 US addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria Virginia 22313-1450, on December 10, 2007.

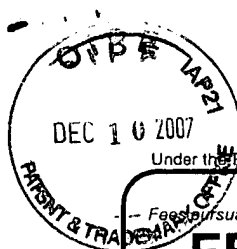
Robin S. Gray

Applicant

Signature

December 10, 2007

Date of Signature



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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2008

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60.00

### Complete if Known

Application Number 10/822,257  
Filing Date APRIL 10, 2004  
First Named Inventor ROBIN S. GRAY  
Examiner Name KELLY MAHAFFEY  
Art Unit 1761  
Attorney Docket No. \_\_\_\_\_

### METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): ONE MONTH EXTENSION OF TIME 60.00

#### SUBMITTED BY

Signature Robin S. Gray Registration No. 48,093 Telephone (410) 418-4754  
Name (Print/Type) ROBIN S. GRAY Date 12/10/2007

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